



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF REGULATION AND LICENSURE  
SECTION FOR LONG TERM CARE

**CORRECTIONS FOR LONG TERM CARE FACILITY LICENSE APPLICATION**

FACILITY NAME		<b>LEVEL OF CARE</b>	
ADDRESS		<input type="checkbox"/> SNF	<input type="checkbox"/> ALF
		<input type="checkbox"/> ICF	<input type="checkbox"/> RCF
REASON FOR CORRECTION <input type="checkbox"/> CORRECT ERROR ON PENDING APPLICATION <input type="checkbox"/> NOTIFICATION OF CHANGE EFFECTIVE THE _____ DAY OF _____, _____.			
IN ORDER TO COMPLY WITH SECTION 198.018.4, RSMo, I HEREBY REQUEST THAT MY APPLICATION FOR LICENSE TO OPERATE A LONG TERM CARE FACILITY BE CORRECTED AS FOLLOWS:			
<b>LINE NO.</b>	<b>CORRECTION</b>		
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IN ADDITION, THE FOLLOWING DOCUMENTS ARE ATTACHED


THESE CORRECTIONS AND ATTACHED DOCUMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT (OPERATOR OF FACILITY) SIGNATURE	DATE
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NOTARY INFORMATION

NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		